

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or
City of Globe, Arizona

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136

County Registrar No. _____

Local Registrar No. 178

No. Martin Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angel Ayala
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. Legitimate? yes 6. Date of birth August 2, 1926
Month day year

8. FATHER
Full name Refugio Ayala
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state _____
10. Color or race Mexican
11. Age at last birthday 29 (Years)

14. MOTHER
Full maiden name Ramona Magana
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state _____
16. Color or race Mexican
17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Mexico
(State or country)
13. Occupation
Nature of Industry Miner

18. Birthplace (city or place) Mexico
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother { (a) Born alive and now living Two
(b) Born alive but now dead Two
(c) Stillborn none } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Signature T. S. Harper, M.D.
(Physician or midwife)
Address Globe, Arizona
Filed 8-31, 1926, St. St. North
Month, day, year. Local Registrar.

Registrar. _____ County Registrar.

111-802-941